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The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Practice makes perfect for Fleet Hospital

By JO1 Maria Christina Mercado, Fleet Hospital Pensacola

PENSACOLA, Fla. -- If you've visited Naval Hospital Pensacola recently you may have noticed large groups of Sailors dressed in camouflage clothing putting up tents, which are part of continuing training for hospital staff members assigned to Fleet Hospital Pensacola.

Naval Hospital Pensacola is home to one of six fleet hospitals. Fleet hospital units are designed to provide comprehensive medical support to Marines in a combat zone. Fleet hospitals comprise multiple tents complete with

operating rooms and administrative spaces. In addition to supporting combat missions, a fleet hospital can also be deployed to support peacetime operations and humanitarian missions.

Naval Hospital Pensacola's Fleet Hospital was established in 1997. It is currently Navy Medicine's deployable unit on call. Last October, Fleet Hospital staff went through an operational readiness evaluation at Fleet Hospital Operations and Training Command at Camp Pendleton, Calif., to become certified as mission ready.

"The hospital's team did really well and learned a lot, however, the training must continue in order to maintain readiness," said Lt. Kim Brown, MSC, head of the hospital's Plans, Operations, and Medical Intelligence Department. "Each person assigned to the fleet hospital has key elements that they need to train to according to their assignment," she said.

A major training exercise, involving the hospitals is scheduled for May 9-12. More than 160 reservists will fill positions in Naval Hospital Pensacola while staff train in the Fleet Hospital.

When deployed, a fleet hospital is self-supporting. It ranges in size from 100 to 500 beds complete with operating room, x-ray facilities, communications center and even a barber shop, ship's store and dining facility.

The Fleet Hospital Pensacola training set is up and operational about six months a year. It is taken down at the beginning of each hurricane season and reassembled in December.

Fleet Hospital staff have a weekly training schedule to practice their skills used in the field.

"The weekly training is important because you can never be prepared enough," said Chief Hospital Corpsman (FMF) Bonnie Brooks, an operational training coordinator assigned to the Fleet Hospital. "After you are placed in harms way you'll need to react. The training you receive will kick in and it will help you complete the mission."

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Headline: New clinic provides combined services

By Lt. Cmdr. Deann Farr, MSC, Naval Hospital Key West

KEY WEST, Fla. -- A new 60,000 square foot combined services clinic that replaces a 1942-era hospital was dedicated April 20 at U.S. Naval Station, Key West, Fla.

The facility will be home to the Naval Branch Dental Clinic, Naval Branch Medical Clinic and the Department of Veteran's Affairs Clinic, Key West. This new combined services clinic is expected to have more than 42,000 patient visits a year. The new facility was dedicated to the late Rear Adm. Robert W. Elliott, Jr., DC, who was a retired former Chief of Naval Dental Corps. Elliott was a proponent for improving military qualify of life.

The Navy and the Department of Veteran's Affairs have had a long-standing relationship in Key West. In the mid-1980s the former Naval Medical Clinic, Key West, initiated

a sharing agreement wherein Navy provided space, ancillary support and limited primary care services to eligible veterans, and the Veterans Administration provided psychiatric care for veteran's and psychiatric consultation for active duty personnel. Over the years, the Veteran's Clinic was expanded to include primary care, physical therapy and administrative services to veterans.

Within the new complex, Navy continues to provide all laboratory, pharmacy and radiology services to veterans, and active duty personnel receive mental health consultation and physical therapy services from Veterans Administration staff.

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Headline: Cohen, Shelton address top personnel aspects of DoD budget

By Jim Garamone, American Forces Press Service

WASHINGTON, April 27, 2000 -- Fixing TRICARE, moderating the tempo of operations and housing are top DoD quality of life priorities for the fiscal 2001 defense budget request, Defense Secretary William S. Cohen and Chairman of the Joint Chiefs of Staff Army Gen. Henry Shelton said April 26.

Cohen and Shelton testified before the Defense Subcommittee of the Senate Appropriations Committee.

Cohen thanked the committee for funding the fiscal 2000 pay raises and fixing military retirement, but said more must be done. He said housing and health care are the two areas that concern him most in the fiscal 2001 request.

Shelton said fixing TRICARE is not only the "right thing to do, it is the smart thing to do." He said the system, the nation's largest health care provider, "is not user friendly." While military members and their families are generally satisfied with the care they receive once they have entered the TRICARE system, "they are frustrated with the system as a whole," Shelton said.

The senators asked Cohen and Shelton what DoD wants to do to reform the system. They urged DoD to hurry with a proposal to Congress. "The chairman and I are looking at the pharmacy benefit, and that's something that we think we can recommend fairly quickly," Cohen said. "But we're still trying to work out what the price tag is going to be...."

The Secretary said DoD is looking at the possibility of using VA medical treatment facilities and the possibility of opening the Federal Employee Health Benefits Plan to military retirees. He said DoD is still looking at the options, "but I would say in the next few weeks, we should have some kind of a recommendation coming to you." Cohen said any solution would be "fairly expensive."

Cohen also explained the administration's budget request for military housing. "On housing, we ... included some $3.1 billion in the budget for the five-year period to eliminate the inequity that currently exists [between service members living on base and off base]". The money will eliminate the 19 percent of housing costs service

members living off base must pay out of pocket, he said.

"We are trying to deal seriously with the housing situation," Cohen said. "We've got a long way to go in terms of rehabbing and replacing much of the housing that currently exists to make sure we are providing adequate housing for the men and women who are serving us."

Operations and maintenance accounts are in good shape, he said, "but, I will tell you, there's not any margin for us to absorb further cuts in operations and maintenance funding."

Cohen and Shelton both said the U.S. military position around the world is good but that the forces are over-stretched. "I think the force is relatively healthy, although it is stretched," Shelton said. "And I would tell you that unit personnel shortages continue to plague many units in the field." He said the first-to-fight units are combat-ready, but that follow-on units are not manned or equipped as well.

"The current tempo of operations ... is having an effect on [service members] and also on their family members," Shelton said. "We still encounter frequent, often unexpected and persistent, deployments. And that of course produces stress. Ultimately, if we are not careful, too many protracted deployments will inevitably disrupt our operating budgets and cause lost training opportunities. And of course, it always accelerates the wear and the tear on the equipment, which then leads to additional recapitalization requirements.

"But most importantly," Shelton continued, "I think, our high pace of operations impacts quality of life. And it could, if we aren't careful, jeopardize our capability to retain the great quality force that we have worked so hard to build."

Shelton said DoD is increasing the size of some of the low-density, high-demand forces as well as using "all of the tools in our kit bag" to solve the perstempo problem.

Headline: Medical Service Corps plank owner dies at 100 years old

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- One of the original plank owners and one of the first commissioned officers in the Navy Medical Service Corps, Lt. Cmdr. Ralph W. Price, MSC, (ret.), died April 6 of pneumonia. He was 100 years old.

Price, who joined the Navy at 17, had 31 years of naval service in, among other assignments, USS Solace in World War l, Marine units in France and the commissioning crew of Naval Hospital Gulfport, Miss.

"Lt. Cmdr. Price was an inspiration to me and inspired many, many Medical Service Corps officers who had the pleasure of knowing him," said Cmdr. Pat Kelly, MSC, director for administration at Naval Hospital Pensacola.

Price received a letter from the Chief of the Medical Service Corps, Rear Adm. J. Philip VanLandingham, offering congratulations on Price's 100th birthday. VanLandingham

is the nephew of Capt. Emmitt L. VanLandingham Jr., former MSC director and, along with Price, one of the original plank owners of the MSC.

In 1935, Price was commissioned as a chief warrant officer pharmacist. Seven years later, while stationed at NH Jacksonville, he was commissioned a lieutenant junior grade. In 1947 he became one of 252 original plank owners of the Navy's Medical Service Corps (MSC).

The oldest former MSC officer, and oldest known former hospital corpsman, was Naval Hospital Pensacola's special guest of honor at the 100th anniversary of the Navy's Hospital Corps in June 1998.

"Lt. Cmdr. Price wrote (a letter to) us," said Kelly, saying: 'I am proud to be an officer in the Medical Service Corps ... and how it is a pleasure to know what little I contributed to the groundwork done by the early MSCs was effective'".

The Indiana native retired from the Navy on January 1, 1949. He moved to Pensacola in 1952. In subsequent years, he worked for the Escambia County, Florida Health Department as an inspector and became the first director of United Cerebral Palsy of Pensacola in 1955.

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Headline: "5-A-Day" nutrition video wins visual information award

By Duane G. Straub, Naval School of Health Sciences

BETHESDA, Md. -- The Bureau of Medicine and Surgery visual information production entitled "5 A Day" produced by the Naval Media Center on behalf of the Naval Environmental Health Center, Norfolk, Va., received a second place award in the Internal/Public Information Category at the DOD-sponsored Visual Information 2000 Conference in April.

It was second to an Air Force production entitled "Wings Over Kosovo," which also won the visual information Production of the Year Award.

"5 A Day" is an internal information production contracted through the Naval School of Health Sciences Visual Information section about nutrition and is intended to encourage everyone to eat as least five servings a day of fruits and vegetables. This DOD-oriented production includes views of personnel from all services and the Coast Guard.

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Headline: Central Region medical symposium

From Bureau of Medicine and Surgery

The United States Central Command (USUSCENTCOM) is sponsoring its first central region medical symposium in Tampa, Fla., August 7-9 at the Crowne Plaza Hotel, 700 North Westshore Blvd, Tampa, Fla. The theme of this symposium is "Shaping Health Support in the Central Region for the 21st Century".

The primary objective and intent of the symposium is to foster military-to-military relationships between senior

and key military medical representatives of selected area of responsibilty (AOR) countries and USUSCENTCOM command and staff.

The symposium will focus presentations and discussions on strategic and operational level issues. It will also assist in ensuring optimal health support to forces in the USUSCENTCOM AOR during peace, contingency operations, or catastrophic events resulting from natural or man-made disasters.

The symposium target audience includes senior and key military medical leaders (armed forces surgeons general, directors of defense medical services, military health care administrators, medical plans, operations, intelligence and training officers) from selected countries in our AOR. Those countries without military medical personnel may send defense medical/health ministry or department representatives.

AOR countries invited include Bahrain, Djibouti, Eygpt, Ethiopia, Eritrea, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Kuwait, Oman, Qatar, Saudi Arabia, Seychelles Islands, Turkmenistan, United Arab Emirates, Uzbekistan, and Yemen. Pakistan and Tajikistan invitations are contingent on OSD approval.

English will be the language of the symposium. It is strongly recommended and encouraged that all invitees be able to understand and speak English. Limited funds are available for Russian interpreters.

A preliminary agenda and program of events will be published no later than May 1 and displayed on the USCENTCOM home page at www.USCENTCOM.mil/command.

The USCENTCOM surgeon invites attendees to submit symposium theme presentations. Please notify one of the points of contact identified later by May 1 and submit a one-page abstract no later than June 1. Call a point of contact for format information and other details.

Billeting is available at the conference for all attendees. For reservations call 1-800-465-4329. A special conference rate of $86.00 will be available until June 30, 2000.

All attendees must submit pre-registration information. The format is available on the USCENTCOM surgeon's web site at www.USCENTCOM.mil/command.

Applicants may also fax the pre-registration information to DSN 968-2129/comm (813) 868-2129. Attendees must pay a non-reimbursable cash registration fee of $25.00.

The uniform for at this symposium is summer service short sleeve shirt with open collar (class B uniform). Civilians will wear the equivalent.

Points of contact for this symposium are Lt. Cmdr. Adams (conference coordinator), LtCol. Sanders (co-director), Lt. Col. Winklepleck (co-director), Col. Davis (director) and Col. Kasperik (symposium host); DSN 968-5801/5802/6402/6397, COMM: 813-828-xxxx, e-mail: adamsad@USCENTCOM.mil; sanderpg@USCENTCOM.mil;

winklejm@USCENTCOM.mil; davisch@USCENTCOM.mil.

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Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: How will the program be implemented?

Answer: Each service participated in the development of the armed forces immunization plan. The DoD Anthrax Vaccine Immunization Plan calls for vaccination of active and reserve components and DoD civilians and civilian contractors categorized as emergency essential, to be executed in three phases:

Phase I. Forces assigned in the high-threat areas of Southwest Asia and Northeast Asia (Korea) and their contiguous waters. This phase will include personnel rotating into these high-threat areas and contiguous waters, personnel on temporary duty in these areas, and the capability at all DoD installations to vaccinate forces being assigned, deploying to or redeploying from these high-threat areas.

Phase II. Early deploying forces who will deploy immediately upon notification to forces who may deploy within 35 days of notification.

Phase III. The remainder of the military force, accessions and program sustainment.

For more information visit the Navy medical anthrax website at http://www-nehc.med.navy.mil/prevmed/epi/anthrax or the DOD anthrax website at http://www.anthrax.osd.mil.

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Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: If my family moves to a different region, are we (active duty) automatically assigned a new Primary Care Manager, or do we have to re-enroll?

Answer: Enrollment in TRICARE Prime entails the assignment of a Primary Care Manager, enrollment in DEERS, and communication with the member on what enrollment in the TRICARE program means. Active duty members will enroll in TRICARE Prime. For active duty family members, enrollment in TRICARE Prime is voluntary.

For more information, visit the TRICARE website at http://www.tricare.osd.mil.

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Headline: Healthwatch: Fat and your heart
From Bureau of Medicine and Surgery

WASHINGTON -- Coronary artery disease is the leading cause of death in the United States. Our diet plays a major role in its development. The American Heart Association recommends that we consume no more than 30 percent of our daily calories from fat. However, the American diet consists of greater than 37 percent fat.

What can we do to trim this excess fat from our diet? A good start is to learn the fat content of the foods that we consume on a daily basis. Another way is to follow these tips: Ten Easy Ways to Reduce the Fat in Your Diet:

1) Switch from whole milk to skim or 1 percent.
2) Use mustard and ketchup instead of mayonnaise.
3) Eat no more than three egg yolks a week. -
4) Avoid menu items with names such as sauteed, fried, smothered, battered and au gratin.
5) Eat hot air popcorn instead of microwave brands, and pretzels instead of potato chips. -
6) Choose lean meats, trimming excess visible fat and removing skin from poultry.
7) Avoid foods with more than five grams of fat per serving.
8) Bake, broil, grill and steam food, instead of frying.
9) Use fat-free salad dressings, which can reduce fat intake by as much as 18 grams of fat per serving.
10) Eat non-fat yogurt instead of ice cream.

It's never too early or too late to begin reducing the fat content in our diets.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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